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Workspace Safety and Security Assessment Request Form

Date of Request: ____/____/____ Person submitting request: _____

Supervisor of person submitting request: _____

Location of requested assessment: Bldg.: _____ Room #: _____ Department: _____

Requestor office phone #: _____

Requestor work email: _____

Request: I request an assessment of my workspace area to determine the need for the following requested safety and security accommodation(s)/modification(s) (i.e. list requested changes such as add panic button, increase lighting, control access, etc.):

Justification: I request the above safety and security accommodation/modification of my workspace due to (list reasons, use other side of form if necessary):

___ handling/exchanging money with others

___ working alone and/or in an isolated space

___ public has uncontrolled access to my workspace

___ high value equipment / property / research present

___ prior incidents/threats have occurred in workspace (explain): _____

___ other (explain): _____

I understand that this request will be reviewed and an assessment will be conducted in order to determine the need for the requested modification/accommodation. I understand that, based on the results of the review and assessment, my request can be denied, approved as is, or approved with means other than those requested. *** I also understand that if approved, completion of this request may be contingent upon having sufficient funds available in my budget to cover the costs of such safety and security accommodation/modification. ***

_____/_____/_____
 Signature of Requestor Signature of EMC Chair Date received

Committee approved on: ____/____/____ Assessment completed on: ____/____/____ Approval status: _____

Assessment completed by: _____

Requestor notified of approval status on: ____/____/____ By: _____